Name in Full Monnette Abell

Certificate of Death

Town Ridge County St Mary's MARYLAND

Died at

Date 189 9 Month July Day 26 Age Y. 9 M. D. Native of Md Occupation

~~Male~~ Female White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

~~Husband~~ ~~Wife~~ of

Father's Name Henry F Abell Mother's Name Cora Elizabeth Crane

Cause of Death: Primary Diptheria 8a How long sick 9 days

Immediate Asthenia ~~Accident, Suicide, Homicide~~

Reported by Louis M. Tippett M. D.

Address Ridge St Mary's Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65768

Name in Full William Crum

Certificate of Death

Died at Town Hagerstown County Washington MARYLAND

Date 1899 Month July Day 22 Age Y. 68 M. D. Native of Washington Occupation Farmer

Male White Married ~~Widow~~ Divorced

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 4

Husband / Wife of Mollie Crum

Father's Name —

Mother's Name —

Cause of Death: Primary Tuberculosis 22d — How long sick 2 years

Immediate —

~~Accident, Suicide, Homicide~~

Reported by Thos Smith

Address Leonardtown

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 5596B

Name in Full

Bessie Doney

Certificate of Death

Diod at Town Leonardtown County St Marys MARYLAND

Dato 189 9 Month July Day 13 | Y. 13 M. D. | Native of | Occupation

~~Male~~ Female ~~White~~ Colored ~~Married~~ Single ~~Widow~~ Widower ~~Divorced~~ Number of children living

Husband of —
Wife —

Father's Name —

Mother's Name Jane Doney

Cause of Death { Primary Tuberculosis 22a | How long sick 4 months

Immediate | Accident, Suicide, Homicide

Reported by Thos Lyon

Address Leonardtown 9-21

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 85968

Name in Full

Mrs Rose Foxwell

Certificate of Death

Died at Town Leonardtown County St Marys MARYLAND

Date 1899 Month July Day 26 Age Y. 35 M. D. | Native of St Marys Occupation Housewife

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | Widow ~~Widower~~ | ~~Divorced~~ Number of children living 2

Husband of Wife John Foxwell

Father's Name —— Mother's Name ——

Cause of Death { Primary Tuberculosis Pulmonary 22a How long sick 13 Months

Immediate —— Accident, Suicide, Homicide

Reported by Mrs Emily Leonardtown

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full: Albert Kingsley Love

Certificate of Death

Died at: Town: Leonardtown County: St Marys MARYLAND

Date 1899 Month: July Day: 15 Age Y. M. D.: 2.10 Native of: St Marys Occupation: — —

Male ~~Female~~ White ~~Colored~~ ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~ ~~2~~

Husband / Wife of

Father's Name: A. Kingsley Love

Mother's Name: Nora Love

Cause of Death: Primary: Cholera Infantum

Immediate: 82

How long sick

Acci~~dent, Suicide,~~ Homicide

Reported by: Thos Smith

Address: Leonardtown Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968